

Children's World



Year in Review Issue
1982

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The Year in Review



The Children's Hospital Medical Center, founded in 1869, is a voluntary, nonprofit teaching hospital affiliated with Harvard Medical School. The largest pediatric hospital in the country, it is dedicated to patient care, research, and teaching, and offers comprehensive health care services for patients from birth through young adulthood.



It will come as no surprise to anyone involved with Children's Hospital that 1982 was a most difficult year, primarily as a result of Chapter 372, the state's new hospital reimbursement law enacted in August.

Certainly, other events of significance occurred this year, including: a Determination of Need proposal to build a new inpatient facility; the reorganization of our governance structure and laying of groundwork for a change in corporate structure; and the appointment of several key members of the medical and administrative staffs, including W. Hardy Hendren, M.D., as chief of the Department of Surgery and Richard Luskin as executive vice president.

However, these and other major developments, chronicled elsewhere in this annual report, were overshadowed by the amount of time and effort, the number of difficult decisions, and the evocation of interest—both internal and external—generated by our efforts to comply with Chapter 372.

The new law is intended to ensure some measure of control over hospital costs. Its major principle is a prospective payment system that sets hospital revenues through predetermined budgets. The message is, on the face of it, compelling and simple: hospitals that hold costs below budget reap the savings; those that do not incur operating losses.

The legislation came about largely in response to health insurance industry and business concerns, along with public outcry, about escalating health care costs. A conflicting sentiment, however, comes from an equally strong chorus that continues to demand "the best" in health care. As a result of Chapter 372, hospitals are being asked to

perform what in many cases is impossible: to cut health care costs without cutting those health care services that Americans have come to expect.

In hospitals, budget reductions of significant proportions cannot help but have an impact on people and, ultimately, on programs. Whereas in many industries improvements in services or products often result from new equipment or more efficient methods of production, improvements in health care are measured by an additional yardstick—higher quality of care and greater accessibility for users. And the way we improve care and accessibility, in a labor-intensive industry such as health care, is, by and large, through the people who work here.

At Children's, there is an additional layer of responsibility in this regard. We have accepted a charge to care for a highly specialized population of children—those who have exceptional needs or complex problems, and few, if any, alternatives for appropriate health care. This additional charge requires an even more labor-intensive workforce.

Having made every effort this year to reduce expenses in areas not related to direct patient care, we found ourselves in a particularly unsavory dilemma—that of having to determine how to reduce access to our specialized population or trim the range of services we offer so that we can continue to provide the highest quality in the programs that remain.

It is not an enviable position for any of us—not for those whose lives are dedicated to serving sick children, nor for those who

depend on us for the best possible care.

It is clear to anyone close to the health care system that a serious dilemma exists today, a dilemma made more obvious by the new legislation. On one side is the hospital as a responsible business, striving to achieve fiscal balance in the face of rising costs. On the other is the hospital as a responsible humanitarian, striving to provide the best possible health care for the most people.

As with all complicated problems, there are no easy solutions. An improved health care system can emerge only through clearer understanding, greater cooperation, and active participation by those who run our hospitals, those who work in and use them, those who regulate them, and those responsible for communicating the issues to the public.



he year just passed was significant for another, very different reason. It marked the end of an era as Chairman of the Board William W. Wolbach stepped

down after leading the governance body of the hospital for the past quarter of a century. His leadership and guidance have contributed greatly to the development of this institution as a major force in pediatric health care throughout the world. He helped build the foundation upon which the achievements of the past three decades at Children's have rested. During this time, Children's has become the nation's largest

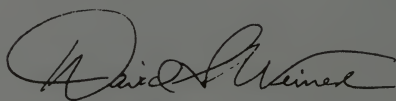
pediatric health care center and the world's largest pediatric research center.

The most apparent evidence of our growth is physical: completion of the Farley Building for inpatients in the early 1950's; construction of the Fegan outpatient center during the 1960's; development of the research facility in the early 1970's; and, more recently, the addition of the Surgery-Radiology Pavilion, the Multidisciplinary Intensive Care Unit, and the Ina Sue Perlmutter Cystic Fibrosis Research Center. With the filing of a Determination of Need proposal earlier this year, the hospital is again turning its attention to inpatient care. Other growth opportunities during the years of Bill Wolbach's leadership included the construction of the residential facilities for staff and visitors and the acquisition of real estate for future development.

The long-term stability of an institution is at least as important as its physical plant. One of the most important factors in this regard during the Wolbach era has been the establishment of several chaired professorships at the Harvard Medical School, lending an academic stability to our teaching effort. As recently as 1960, the hospital's annual report mentioned that Children's had "no fully endowed chairs." With the establishment this year of the Gardner-Monks Chair in Psychiatry, Children's now claims 11 chaired professorships.

A workable and efficient governance structure is also integral to the effectiveness of a major health care institution, and this area was one of Bill Wolbach's chief concerns. The most sweeping of organizational activities at Children's have occurred most recently, and include two events. The first is the 1981 reorganization of the governing body, in which a small, legally accountable Board of Trustees was formed from a larger board, a group now called Overseers. The second is the just-announced corporate reorganization, effective January 1, 1983, which creates a parent organization, The Children's Medical Center, and several constituent entities, the principal one of which is The Children's Hospital.

These achievements and many, many others have been made possible in large part through the leadership provided by Bill Wolbach. Although no longer serving as Chairman, we are certain to benefit from his continuing efforts as a member of the Board of Trustees. There can be no doubt that his will be a lasting impact, and that Children's Hospital will be the better for his contributions.



David S. Weiner
President

force's recommendations were approved by the Board of Trustees in late September and were implemented in the following weeks.

In response to the Reagan Administration's appeal to the private sector for initiatives to achieve cost savings in health care, 10 Boston teaching hospitals, including Children's Hospital, studied the feasibility of applying the case-management concept of health care to part of the Medicaid-eligible population of Greater Boston. In February, the consortium, known as the Commonwealth Health Care Corporation (CHCC), unveiled its preliminary proposal for managing the health care of 70,000 AFDC (Aid to Families with Dependent Children) recipients.

The CHCC would contract with the state to enroll the recipients in "managed care" plans analogous to health maintenance organizations. Through coordination of care and incentives to mitigate the need for inpatient care, it is expected that the CHCC would achieve cost savings for the state as well as for the providers of care.

Continued refinement of the plan was delayed and ultimately overshadowed in the summer and fall by legislative developments.

In October, the Massachusetts Department of Public Health awarded grants totaling \$300,000 to the Martha Eliot Health Center, a community health center serving the Jamaica Plain neighborhood and affiliated with Children's Hospital. The grants are funded by the federal Maternal and Child Health (MCH) Block Grant and by an appropriation of the state Legislature, which sought to restore some of the federal cut-backs to MCH programs. In doing so, the Legislature reaffirmed its commitment to ensuring that poor women and children have access to primary care health services.

Also in October, Children's received a \$1.5 million grant to conduct a three-year national evaluation of public education for handicapped children. Funded by the Robert Wood Johnson Foundation and the Commonwealth Fund and staffed by the Community Services Department at Children's, the grant will make it possible to study the effect of Public Law 94-142, which emphasizes the right of handicapped children to free public education and the need to evaluate their potential abilities as well as their evident disabilities. That this significant study is being coordinated by Children's demonstrates the hospital's commitment to handicapped children and its crucial role in community service.

Overseer/Trustee activities. One of the hospital's goals and objectives for 1982 was to increase opportunities for involvement by its trustees and overseers, thereby making best use of their talent and expertise. An ambitious program of Overseer/Trustee activities throughout the year strengthened the hospital's ties with these groups and in turn increased their commitment to the hospital.

One of the activities initiated by the Overseer/Trustee Relations Committee was The Annual Dinner, held in April at the Museum of Fine Arts. Special awards of recognition went to Overseers Paul Hellmuth and William Morton and to members of the Board of Managers, one of the hospital's key governing bodies prior to the governance reorganization in 1981.

Throughout the year the Overseer/Trustee



The Overseers' tour included a visit to the BEAM (Brain Electrical Activity Mapping) Laboratory of Frank Duffy, M.D., associate in the Division of Neurophysiology and Seizure Unit, and senior research associate in Neuroscience. Here, Duffy explains the role of an EEG in BEAM technology to (from left) Overseers Roger A. Saunders, Reynolds W. Thompson (partially hidden), Mrs. Roger A. Perry, Jr., and Richard Prouty.

Relations Committee, chaired by George H. Kidder, conducted a survey of the Board of Overseers. The survey gave overseers an opportunity to share their thoughts about the hospital and their interest in participating in its affairs.

Plans for the proposed new inpatient facility were discussed at the first Annual Forum of Trustee Committees held in September. The meeting was attended by overseers and trustees who serve on committees, and

featured reports by several committee chairmen.

In November overseers were invited to see some clinical care and research activities at Children's. Overseers visited four areas of the hospital where they were briefed by department spokespersons on day-to-day operations and latest developments. The half day of activities gave overseers a keener sense of the hospital's current accomplishments, problems, and goals.



The Overseers' tour included a visit to the Neonatal Intensive Care Unit. Here, Overseer Roger A. Saunders looks in on a newborn while Susan Shaw, R.N., head nurse, explains some of the special kinds of care the baby receives. Onlookers include, from left, Overseers Reynolds W. Thompson, Richard Prouty, and Mrs. Roger A. Perry, Sr.; Michael Epstein, M.D., senior associate in Newborn Medicine; and Overseer Mrs. Roger A. Perry, Jr.

JCAH accreditation received. In November, Children's was notified that it had received a three-year accreditation from the Joint Commission on Accreditation of Hospitals (JCAH). The JCAH review is the most comprehensive institution-wide inspection that American hospitals undergo. Accreditation by JCAH is considered a sign of quality by health care institutions.



New programs. The programs initiated in 1982 reflect Children's sensitivity to patients and families during their hospital experience, as well as a continued commitment to community outreach.

An official chaplaincy program was established in January to give spiritual guidance, support, and comfort to patients and families and to hospital staff who care for them. Chaplain Richard Westwick, an ordained Lutheran minister trained in clinical pastoral care, holds ecumenical chapel services, administers sacraments, coordinates the celebration of religious holidays, and organizes the efforts of visiting clergy of various faiths and religions.

The natural affinity between the young and the old was brought to light with the introduction of the Foster Grandparent Program at Children's, sponsored by Concerned Boston Citizens for Elder Affairs, Inc. Four foster grandparents spend every weekday morning on the divisions of the hospital. The children benefit greatly from the compassion of these new members of the patient care team and the program is enriching for the grandparents.

Through the new Communication Enhancement Clinic at Children's, an outpatient program shared by the Developmental Evaluation Clinic and the Hearing and Speech Division, speech-impaired children and adolescents are helped to communicate

The magic that grows between young and old is evident in the smile coaxed from patient Jonathan Buckley by foster grandparent Gaspar DeJesus.



Chaplain Richard Westwick comforts Daniel Folsom, who received a bone marrow transplant and was hospitalized at Children's for several months.

in alternative ways. Depending on the extent of the patient's disabilities, the clinic provides devices that range from simple coloring cards to elaborate computers. In the first year of operation more than 200 outpatients, many of whom require repeated visits, received services.

Early in the year, the New England Maternal PKU Project was organized to identify women who were treated in childhood for phenylketonuria (PKU), and women who had mild but untreated cases of the disease. These women are at high risk for bearing children who are mentally retarded or physically abnormal.

PKU is a genetic disorder in which phenylalanine, an amino acid found in the protein of food, cannot be metabolized. The only treatment for PKU is a special diet, which is sometimes discontinued during childhood. When PKU women who have not followed a special diet become pregnant, however, the fetuses suffer from the resulting buildup of phenylalanine.

Funded by the Maternal and Child Health Research Program of the U.S. Public Health Service, the project's aim is to identify New England women with PKU who are of childbearing age and tell them the risks of becoming pregnant without first resuming PKU diet therapy.

During the summer, mentally retarded adults began receiving on-the-job training in Children's Dietary Department through the Supported Work Program. Eight trainees at a time participate for 24-week intervals. Because of the hospital's commitment to disabled people both as a service provider and as an employer, Children's was chosen to be one of eight recipients of the state grant that funds the program. Staffed and administered by the Developmental Evaluation Clinic, the program makes it possible for mentally retarded people to receive vocational training in a setting that can also provide close supervision and support services, as well as preparation for competitive employment.



Howard Shane, Ph.D., director of the Communication Enhancement Clinic, explains an automated communication device to cerebral palsy patient Mary Lake, 9. Because Mary is unable to use her arms and hands, she regulates the device through head controls that activate a printed message for her "listener."

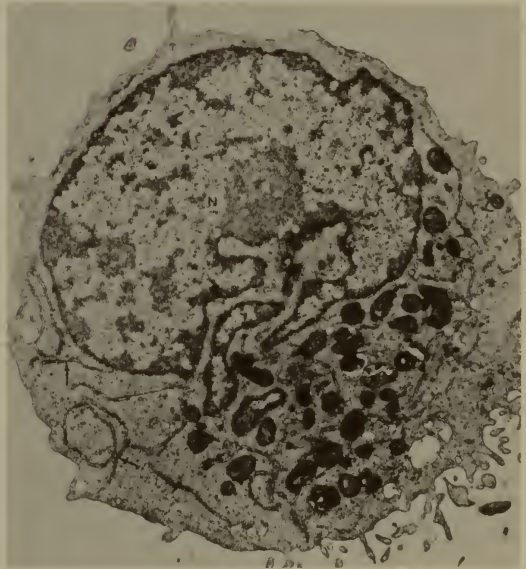
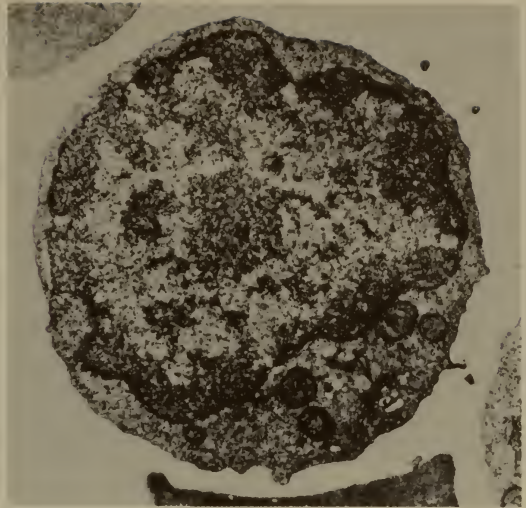
Research. Significant, innovative research continued in 1982, as scientists and investigators undertook projects ranging from the activity of a cell to the productivity of school children.

It was learned that babies may be unusually susceptible to minor illness because they have a cellular defect called transient hypogammaglobulinemia of infancy. The disorder results from a delay in the production of immunoglobulin (IgG), a serum substance that enables infants to fight certain infections. The disorder usually resolves by itself when the child is three or four years old. In the meantime, children with the disorder suffer a higher incidence of infections and unexplained episodes of fever and bronchitis. Understanding the nature of the cellular defect enables physicians to test for it and, more often than not, give parents a good prognosis.

Since a cure for diabetes has yet to be found, improving the quality of life for those afflicted with the disease is a major focus of diabetes research at Children's. The five-year Diabetes Control and Vascular Diseases Study, initiated by a grant from The National Heart, Lung, and Blood Institute, was completed last year and has been renewed for another five years. The goal is to study a group of patients from the onset of their diabetes (the average age for onset of insulin-dependent diabetes is 11) as far as possible into adulthood, to monitor their control habits along the way, and to see if they develop the long-term complications of diabetes, which can include blindness, kidney failure, nervous system disorders, and cardiovascular disease.

An important step toward better diabetes control was taken in the research laboratories last year when scientists discovered that a polymer resembling a tiny clear plastic bead could release insulin at a steady rate when implanted in diabetic rats. This method of implantation, when perfected for use in humans, holds great promise for the effective control of diabetes and many other diseases.

In their search for a natural angiogenesis inhibitor to prevent the abnormal growth of



*Top: A "resting" B-cell.
Above: A B-cell activated
by a T-helper cell to
release IgG. An active B-
cell is actually three times
larger than a resting B-
cell. Transient hypogam-
maglobulinemia results
from a deficiency in T-
helper cells.*

blood vessels, tumor biologists at Children's are close to finding a new treatment for diabetic retinopathy, which causes blindness.

Research in the various aspects of pediatric pulmonary disease was made possible last year by two separate SCOR (Specialized Center of Research) grants awarded to Children's in December of 1981. The grants, totaling more than \$5 million for a five-year period, are funded by The National Heart, Lung, and Blood Institute.

These interdisciplinary projects involve many of the scientists and physicians at Children's who are committed to a better understanding of the mechanics and complications of the human lung. Mary Ellen Avery, M.D., physician-in-chief, is principal

investigator for an extensive study on prevention and treatment of lung disorders in infancy, particularly those of premature infants. Lynne Reid, M.D., pathologist-in-chief, is principal investigator for the study of pulmonary hypertension, a baffling disease in which the arteries in the lung become clogged.

In the spring, Children's was awarded a two-year grant of \$634,975 by the Robert Wood Johnson Foundation for a project to improve the educational, developmental, and health status of 9- to 14-year-old children with poor productivity in school. Its purpose is to identify the hidden handicaps that impede a child's ability to learn, and to help doctors, educators, and parents understand and manage those handicaps.

Researchers in Boston and Baltimore devised a simple test for the detection of sickle cell anemia, an inherited blood disease in which abnormal hemoglobin is manufactured by the body, resulting in a lowered resistance to infection. The test, perfected last summer in the laboratories at Children's Hospital and the Sidney Farber Cancer Institute, involves examination of DNA extracted from a pregnant woman through amniocentesis.

The Department of Otolaryngology at Children's was awarded a \$1.25 million grant last fall by the National Institutes of Health (NIH) and the Interferon Foundation of Houston to coordinate a national study on the effect of interferon on recurrent respiratory papillomas. The project includes Children's and 15 other hospitals.

Most common in children between the ages of two and five, respiratory papillomas are clusters of warts in the air passage that obstruct normal breathing. Because they are caused by a virus, it is hoped that interferon, an anti-viral agent, will prove to be an effective cure.



Radioactive bands of DNA fragments show differences among genes of a sickle cell carrier (AS), a normal subject (AA), and a patient with sickle cell anemia (SS). Differences are distinguished by the distance the gene fragments migrate from the top of the photograph.

Renovations. When Seiler's assumed management of the Dietary Department at Children's, one of its goals was to create a more efficient food service operation. To this end, the contract food-service company, in conjunction with Hospital Engineering, redesigned the serving line area of the hospital's cafeteria, resulting in shorter lines and faster service.

On the other side of the main kitchen, the Coffee Shop was closed and transformed into a new office complex housing Employee Relations, Patient Relations, and Communications. These services are now more conveniently located for employees and families of patients.

Through the generosity of the Celia and Joseph Greenbaum family, the area that joins the Pavilion lobby with the Fegan lobby was newly painted and lighted, making it a more cheerful place for patients and their families. The lobby was dedicated to the Greenbaums in August.



Close to 200,000 people a year pass through the newly dedicated area adjoining three buildings at Children's. Members of the Greenbaum family have been friends of Children's Hospital for many years.



Melanie Blum, 4, once a patient in the Neonatal Intensive Care Unit at Children's, gives her mother a tour of WBZ Radio's "Incredible Broadcast Machine."

credible Broadcast Machine," the station's mobile van, in the center of Boston's Downtown Crossing.

Interspersed throughout WBZ's regular programming was information about Children's Hospital, including interviews with hospital staff, employees, patients, and their families. Holiday shoppers were encouraged to visit the van and make donations to Children's.

In the final days of the campaign, hospital employees volunteered their time to host an auction of items donated by local merchants.

Contributions from the 1982 campaign amounted to more than \$193,000.

WBZ holiday broadcasts return. The third annual holiday campaign for Children's was conducted by WBZ Radio during the three weeks before Christmas.

Each day from 5 a.m. to 10 p.m., all WBZ Radio broadcasts were aired from "The In-



One For All Fund activities continue.

In February the One For All Fund, the employee/staff charitable fund at Children's, was awarded a blue ribbon by the New England Hospital Assembly. Funds raised during the third annual campaign were disbursed in March by a nine-member, employee-staff allocations committee.

Nine hospital employees and staff members received funding for several local,

national, and international charitable organizations in which they are actively involved. Children's Hospital and United Way were also major recipients of the funds allocated by the committee.

The fourth annual One For All Fund campaign was held in the fall with the theme "Let's Give Together." At the close of the calendar year, pledges and contributions to the fund totalled \$43,032.



The theme of the fourth annual One For All Fund campaign, "Let's Give Together," was illustrated by paper dolls holding hands to represent the fact that charitable giving at Children's Hospital is a team effort.

Children's Hospital League

reorganizes. During the year, plans were underway for the Children's Hospital League to incorporate and earn legal status as a subsidiary of the hospital. This new status, which makes the League more than a committee of the hospital, promises to strengthen the commitment of the League and bring added benefits to Children's. A donation of \$100,000 from the League will ensure the continuation of the many projects that bring joy to Children's Hospital patients.

New executive vice president. In mid-October Children's Hospital welcomed Richard Luskin as its new executive vice president. Well acquainted with the concerns of a large teaching hospital, Luskin came to Children's from Beth Israel Hospital, where he served as associate director, with operational responsibility for all inpatient clinical and support services.

In his capacity as chief operating officer of Children's, Luskin oversees administrative, ambulatory, clinical, patient, and personnel services.

Harvard Medical School celebrates bicentennial. The 1982-1983 academic year marks Harvard Medical School's 200th anniversary of training men and women for medical practice. To celebrate the event, physicians and scientists, including several Nobel prize winners, converged on the HMS campus in mid-October for a week of symposia, receptions, historical tributes, champagne toasts, honors, and a convocation.

While Children's Hospital did not officially become the primary pediatric teaching hospital of Harvard Medical School until 1948, it has been associated with the school since pediatrics first emerged as a medical specialty. In 1878 Thomas Morgan Rotch, M.D., the first physician-in-chief at Children's and full professor of pediatrics at HMS, taught the first systematic course on the subject, entitled "The Diseases of Women and Children."

Today the ties between HMS and Children's Hospital are many, and one of the most valuable associations has been the appointment of medical staff leaders to endowed, or "chaired" professorships. Currently, 11 of Harvard's medical chairs are held by chiefs of service, division chiefs, and directors of laboratories at Children's. The HMS endowments ensure long-term continuation of support for teaching and research activities of several departments.



Medical staff highlights. Several new chiefs of service, division chiefs, and medical directors were appointed last year. These include W. Hardy Hendren, M.D., chief of the Department of Surgery, and Bernardo Nadal-Ginard, M.D., Ph.D., chief of the Department of Cardiology. Regina Yando, Ph.D., was appointed chief of the Division of Psychology, and Robert Demling, M.D., became director of the Longwood Area Trauma Center in which Children's is a participating hospital.

Medical staff leadership changed hands last year as Charles Barlow, M.D., neurologist-in-chief, assumed the position of chairman of the medical staff executive committee, succeeding John Kirkpatrick, M.D., radiologist-in-chief, who had chaired the committee for eight years. John Hall, M.D., senior associate in Orthopaedic Surgery, became president of the medical staff, succeeding Michael Bresnan, M.D., associate chief for Clinical Services in Neurology.

William Berenberg, M.D., chief of Cerebral Palsy in the Division of Services to Handicapped Children, was honored at the annual Alumni Day in June in recognition of his 40 years of service to Children's Hospital. More than 250 people attended the dinner held at the Kennedy Library, where a portrait of Berenberg was presented and he was cited as a compassionate caregiver and inspiring teacher.

Stanley Walzer, M.D., psychiatrist-in-chief, was named recipient of the George P. Gardner-Olga E. Monks Professorship in

Child Psychiatry, a newly formalized, endowed professorship of the Harvard Medical School. He joins 10 other members of the Children's Hospital medical staff who hold such endowed professorships, or "chairs."

A Physicians Speakers Bureau was developed during the year to fill a need expressed by community physicians for assistance in locating speakers to make presentations in pediatric specialties. A comprehensive booklet listing the members of the medical staff and their areas of special interest, with instructions on requesting a



A former student said of William Berenberg, M.D., who has served Children's Hospital for 40 years, that "thousands of physicians have benefited from his clinical skill, wisdom, judgment, and humanity."

David Weiner, left, president of Children's Hospital, and Paul Losch, D.D.S., former dentist-in-chief, view a portrait of Losch that was unveiled last March at a ceremony in his honor. Losch died in September.

speaker, was mailed to the physician continuing education departments of New England hospitals.

Two influential pediatricians who had been associated with Children's died during 1982. George Gardner, Ph.D., M.D., former psychiatrist-in-chief and director of the Judge Baker Guidance Center who retired in 1970, died in April; Paul Losch, D.D.S., former dentist-in-chief who retired in 1969, died in September. Gardner established widely recognized training programs in the pediatric mental health field and supported research in the causes and treatment of emotional disorders in children. Losch, known as the "father of pediatric dentistry," changed the Dental Department at Children's from an emergency facility to a comprehensive center for dental care.

A View of Children's World



A thousand words

Behind the facts and figures in this annual report are the infants, children, and adolescents who were patients at Children's Hospital in 1982.

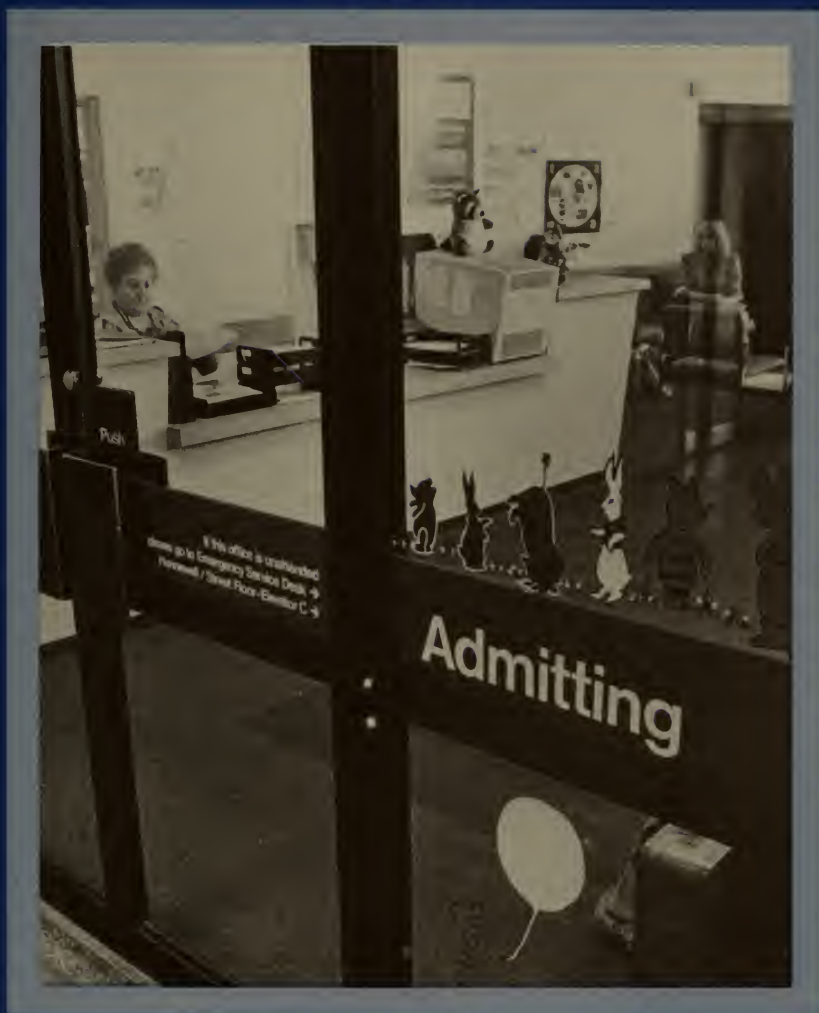
Children's combines the job of caring for patients with the joy of caring about patients. And because patient care is the hospital's central activity, the best way to represent a year is with pictures worth a thousand words.







Statistical and Financial Report





Statistics

Patient	1982	1981
Number of licensed beds	339	339
Inpatients served	13,656	13,655
Patient days	102,220	102,160
Average stay	7.5	7.5
Clinic visits	150,639	150,540
Number of clinics	77	78
Emergency room visits	50,476	54,270
Surgical procedures		
Inpatient	7,560	7,500
Outpatient	2,912	3,095
Total	10,472	10,595
Radiology		
Patient visits	61,069	68,994
Procedures performed	69,532	74,674
Laboratory tests	1,033,237	968,279

Personnel

Active medical staff	525	505
Active dental staff	11	16
Associated scientific staff	170	162
Courtesy staff	240	228
House staff	400	365
Consultants	130	137
Emeriti	52	59
Clinical assistants	19	16
Visiting professors	6	4
Nursing staff	794	800
Other full-time employees	1,827	1,816
Other part-time employees	711	701
Volunteers	747	800



Report of the Treasurer

The financial performance of The Children's Hospital Medical Center in 1982 was quite satisfactory. For the fifth consecutive year a modest surplus was achieved from the delivery of patient care services, and our goal of breaking even from operations was attained.

Nonoperating revenue, although somewhat less than the prior year, remained at a high level due to the generous support of our donors and the favorable performance from our restricted and unrestricted investments. We rely on these revenues as the major means of funding our building improvements and capital equipment needs – over \$7.5 million in 1982 alone.

In 1983 we enter a year in which regulatory constraints weigh heavily against our efforts to maintain a sound financial condition. Newly enacted “charge control” legislation (Chapter 372) severely constricts the patient services revenue we are allowed and has already caused operating expense reductions. This increasing financial pressure is with us at a time when we must continue the planning and design of the much needed new inpatient facility – the largest capital commitment in the Medical Center's history.

We thank all of you who have contributed your efforts, talents, and support to the Medical Center in so many different and important ways. In 1983 our reliance on the dedication of our employees and volunteers, and the generosity of our donors, will be greater than ever.

George W. Phillips
Treasurer



Statement of Revenues and Expenses

Years Ended September 30,
1982 and 1981

	1982	1981
Patient services revenue	\$123,381,980	\$108,099,684
Adjustments (free care, contractual discounts, etc.) . . .	(22,712,975)	(17,368,471)
Net patient services revenue	100,669,005	90,731,213
Other revenue	10,751,841	9,800,511
Total operating revenue	111,420,846	100,531,724
Patient care expenses	109,826,416	98,233,787
Income from patient care operations	1,594,430	2,297,937
Loss from research and training activities	(1,482,667)	(797,335)
Income attributable to nonpatient care properties	1,361,132	887,128
Income from operations	1,472,895	2,387,730
Nonoperating revenue	9,016,725	10,210,729
Effect of change in accounting methods	—	(1,725,000)
Excess of revenues over expenses	\$ 10,489,620	\$ 10,873,459

Note: The Statement of Revenues and Expenses and Condensed Balance Sheet are excerpted from the audited financial statements and are not intended to provide the information contained in the complete audit report.

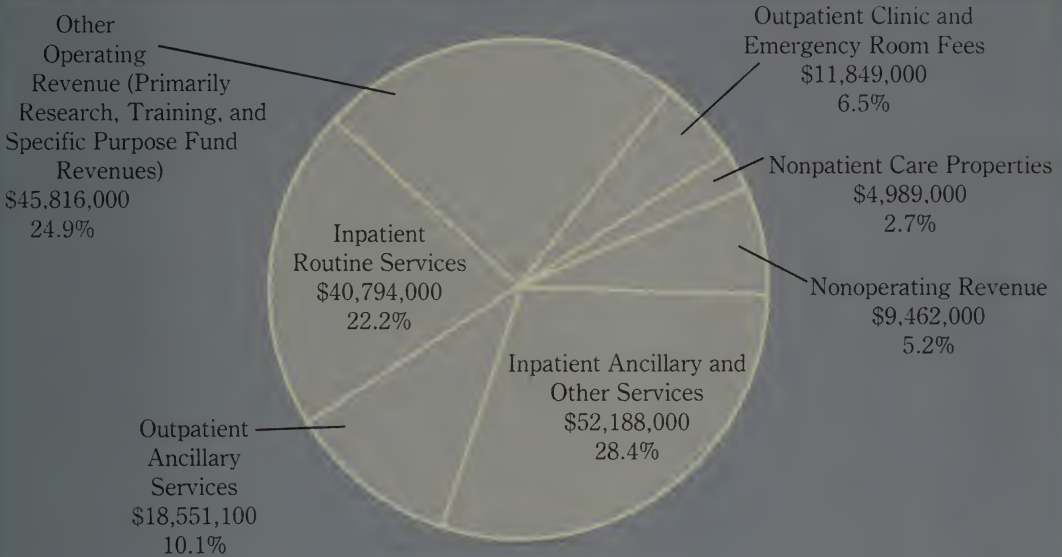
Auditors:

Peat, Marwick, Mitchell & Co.
Certified Public Accountants
One Boston Place
Boston, Massachusetts

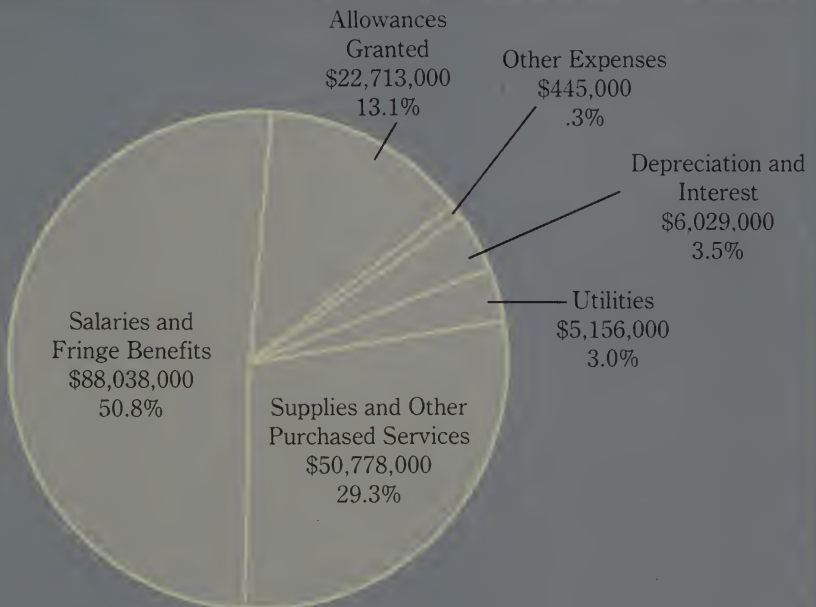


Financial Highlights: Year ended September 30, 1982

Sources of Revenues



Distribution of Expenses



Note: Not to scale



Condensed Balance Sheet: September 30, 1982 and 1981

Assets	1982	1981
Unrestricted funds:		
Current:		
Cash	\$ 466,111	\$ 91,535
Accounts receivable, net	21,831,567	20,063,610
Inventories	867,382	865,388
Prepaid expenses	380,344	273,527
Total	23,545,404	21,294,060
Investments, at cost	61,795,571	44,245,157
Property, plant and equipment, at cost, less accumulated depreciation	62,805,525	61,700,803
Other assets	3,223,169	3,457,900
Total	151,369,669	130,697,920
Restricted funds:		
Accounts receivable	1,449,500	3,611,988
Investments, at cost	31,595,554	29,994,332
Total	\$184,414,723	\$164,304,240

Liabilities and Fund Balances	1982	1981
Unrestricted funds:		
Current:		
Current portion of long-term debt	\$ 310,098	\$ 327,341
Accounts payable and accrued expenses	16,282,503	16,004,961
Due to third party payers	12,269,989	3,626,815
Total	28,862,590	19,959,117
Long-term debt, excluding current portion	11,925,639	12,234,939
Deferred compensation	2,453,523	2,015,431
Fund balance	108,127,917	96,488,433
Total	151,369,669	130,697,920
Restricted fund balances:		
Specific purpose funds	9,769,703	11,939,141
Endowment funds	23,275,351	21,667,179
Total	\$184,414,723	\$164,304,240

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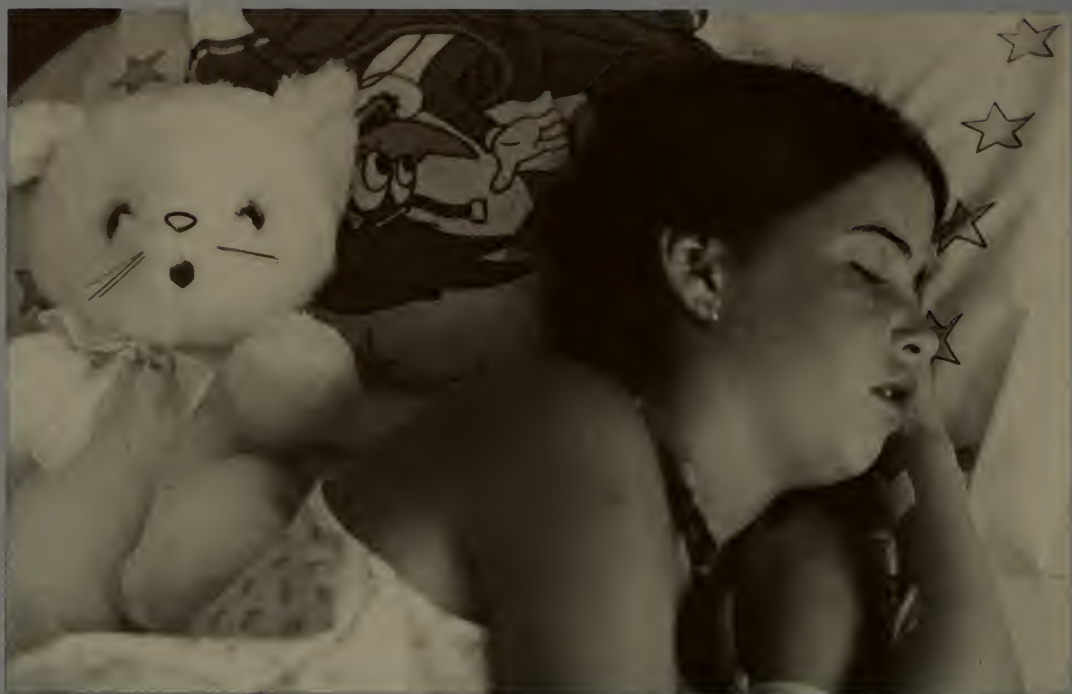
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Adolescent/Young Adult Unit
Allergy Clinic
Ambulatory Nursing Program
Ambulatory Surgery Service
Anorexia Nervosa and
Associated Disorders Clinic
Arthritis Clinic
Behavioral Psychology Program
Birth Defects and Genetic
Counseling Center
Cardiology Clinic
Cardiovascular Surgery
Department
Cerebral Palsy Medical Clinic
Cerebral Palsy Orthopaedic
Clinic



Community Services Program
Comprehensive Child Health
Program
Craniofacial Clinic
Cystic Fibrosis Clinic
Dental Clinic
Dermatology Clinic
Developmental Consultation
Program
Developmental Evaluation Clinic
Diabetes Unit
Diagnostic Test Center
Dietary Consultation Program
Down Syndrome: Early
Intervention Program for
Infants
Early Childhood Program
Educational Assessment and
Functional Progress Program
Emergency Services
Endocrine Clinics – Pediatric
and Adolescent
Failure to Thrive Team
Family Development Clinic
Gastroenterology – Nutrition
Clinic
Genitourinary Clinic
Growth Clinic
Gynecology Clinic
Gynecology Nurse Program
Hand Clinic: Combined
Orthopaedic – Plastic

Hearing and Speech Division
Heart Disease Prevention
Program
Hematology Clinic
Hemophilia Clinic
Hypertension Clinic
Infant Follow-up Program
Lead/Toxicology Clinic
Learning Disabilities Clinic
Martha Eliot Health Center
Medical Diagnostic Clinic
Medical Intake Program
Medical Nurse Program
Metabolic Bone Disorders Clinic
Metabolism Clinic
Myelodysplasia Clinic
Neurology Clinic
Neurology Nurse Program
Neuromuscular Diseases Clinic
Neuropsychology Services
Neurosurgical Clinic
Nuclear Medicine Division
Occupational Therapy Clinic
Oncology Service, Pediatric
Ophthalmology Clinic
Oral Surgery Clinic
Orofacial Clinic (Children's
Hospital)
Orofacial Clinic (Services to
Handicapped Children)
Orthopaedic Clinic, General



Orthopaedic Nurse Program
 Orthoptic Clinic
 Ostomy Program
 Otolaryngology Clinic
 Pacemaker Clinic
 Pains and Incontinence Program
 Pediatric Consultative Services
 Periphero-Vascular Clinic
 Physical Therapy Clinic
 PKU: Inborn Errors of
 Metabolism Clinic
 Plastic Surgery Clinic
 Podiatry Clinic
 Poison Control System,
 Massachusetts
 Preschool Function Program
 Prevocational/Vocational Work
 Experience Program
 Prosthetic Clinic
 Protein Clinic
 Psychiatry Clinic
 Psychology Services
 Psychosomatic Service
 Pulmonary Clinic
 Pulmonary Function Laboratories
 Radiation Therapy Department
 Radiology Department
 Renal Clinic, General
 Renal Clinic, Special
 Rheumatic Fever Clinic
 School Function Program
 School Health Services
 Seizure Clinic
 Seizure Unit
 Seizure Unit Family Services
 Team

Sexual Abuse Treatment Team
 Sleep Disorder Program
 Social Service Department
 Spanish Consultation Services
 Spanish School Functions Team
 Special Diagnostic Test Center
 Spinal Deformities Clinic
 Sports Medicine Division
 Surgical Clinic, General
 Surgical Nurse Program
 Urodynamics Laboratory
 Weight Control Program
 Wrentham State School
 Contract
 Young Adult Congenital
 Heart Clinic
 Young Children and their
 Parents Development Clinic
 Young Parent Program

Hospital Departments

Admitting
 Adolescent/Young Adult
 Medicine
 Allergy
 Ambulatory Services
 Anesthesia
 Animal Facility
 Biomedical Engineering
 Blood Bank
 Cardiac Catheterization
 Cardiology
 Cardiovascular Surgery
 Cell Biology
 Central Supply
 Child Development
 Clinical Laboratories
 Communications
 Community Services

Continuing Care
 Cystic Fibrosis
 Dental
 Dermatology
 Development
 Dietary
 Endocrinology
 Environmental Services
 Epidemiology
 Fiscal Services
 Gastroenterology and Nutrition
 General Counsel
 General Stores
 Genetics
 Gynecology
 Hearing and Speech
 Hematology/Oncology
 Hospital Engineering
 Immunology
 Infectious Diseases
 Kinesiology
 Linen
 Management Information
 Systems
 Materials Handling
 Media Services
 Medical Records
 Medicine
 Message Center
 Metabolism
 Nephrology
 Neurology
 Neuroscience
 Neurosurgery
 Newborn Medicine
 Nuclear Medicine
 Nursing
 Occupational Therapy
 Ophthalmology
 Orthopaedic Surgery
 Otolaryngology
 Parking
 Pathology
 Patient Activity
 Patient Relations
 Personnel
 Pharmacology
 Pharmacy
 Physical Therapy
 Planning
 Plastic Surgery
 Printing and Forms Control
 Psychiatry
 Psychology
 Public Affairs
 Pulmonary
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 Quality Assurance
 Radiation Therapy
 Radiology
 Rehabilitation Engineering
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 Respiratory Therapy
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 Social Services
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 Surgery
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